

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
Fee Determination	S.Z		06-01-01
O.I.P.E. Classifier			
Formality Review	Ak	931	07/02/01
Response Formality Review			

## **INDEX OF CLAIMS**

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral)...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Date
Final	
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1	125
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37	✓
38	✓
39	✓
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42	✓
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45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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